NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
7-8-97	Intake screening.
1000	No change in Medical status.
	denies suicidal thoughts
	No Meds
	H.T. Georgy
	HOSSAM GEORGY, FMG, PA
7/14/97	(S) Fungal infec. in the Toe and nail
0755	(O) fungal infec. of the nail
	(A) Fungal infec.
	(P) Anti fungal cream 1/0 to be applied Bid
	Ref. X2
	Pt. was educated about foot hygiene he
	understand
	PATIENT EDUCATION — Dosage — Special instructions — Adv… — Gelsic… [illegible]
	W. Hammond
	W. Hammond, M.P
7/16/97	
0915	Physical exam done, PPD, Tetanus inj. (done) given
	M. Tarr
	M. TARR, MLP
9/19/97 1830	See injury report
	W. Hammond
	W. Hammond, M.P

PATIENT'S IDENTIFICATION (*Use this space for Mechanical Imprint*)

RECORDS MAINTAINED AT: FCI McKEAN HEALTH SERVICES

PATIENT'S NAME (*Last, First, Middle initial*): Brown Demetrius

SEX:

RELATIONSHIP TO SPONSOR:

STATUS:

RANK/GRADE:

SPONSOR'S NAME:

ORGANIZATION: 000023

DEPART./SERVICE:

SSN/IDENTIFICATION NO.: 21534-039

DATE OF BIRTH:

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (Rev. 5-84)

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

4/5/01	[illegible] Admit [illegible]
H&O	[illegible] Depression & PTSD, [illegible]

D. Olson, MD
Clinical Director

CLINICAL RECORD | DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
07/13/04	P: Advised patient D/C/ assessment and	
100% Less	patient understands.	W. K. Collins

William K. Collins, D.D.S.
CDO
FCI McKean

COPY

Continued On Reverse Side

PATIENT'S IDENTIFICATION (Enter typed or written names (last, first, middle), grade, date, hospital or medical number)
Brown, Demetrius

REGISTER NO. 21534-039

WARD NO.

FCI McKean

DENTAL TREATMENT RECORD
HRSA-237 (4/85)

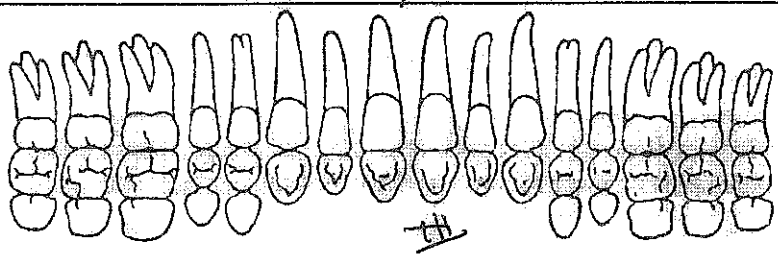
000025

DENTAL TREATMENT RECORD (Continuation)

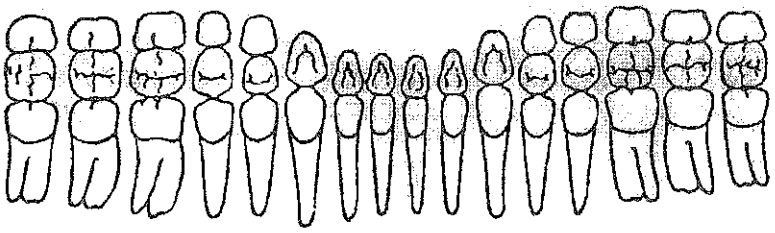
DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE

BP-S618.060 **CLINICAL DENTAL RECORD** CDFRM
AUG 96
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

Examination: ☐ Screening ☒ Comprehensive ☐ Periodic



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Occlusion: Class I

Oral Hygiene: Good (Fair) Poor

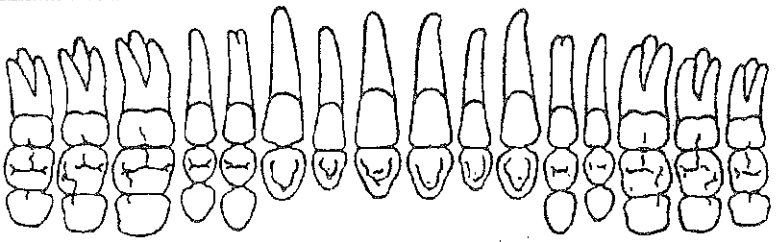
CPITN: 1 | 1 | 1
3 | 2 | 3

Head & Neck/Soft Tissue: STWDL

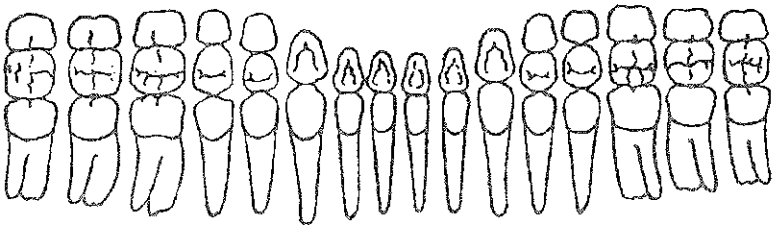
Additional Findings: #9 class III Mobility Hx of injury

D: ___
M: ___
F: ___

Treatment Completed



RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Recommended Treatment Plan

☒ Radiographs 9-9-04 FSUBLWx4 PA #9

☒ Dental Prophylaxis
☒ Oral Hygiene Instruction 9-9-04

☐ Periodontal Evaluation 0 I II III

☐ Oral Surgical Procedures

☐ Endodontic

☐ Restorative CODY

☐ Prosthodontic Evaluation

Patient Name: Brown, Demetrias
Number: 21534-039
Sex: M F
Age: 32
2-8-72

Dentist Signature: W. K. Collins, DDS
Date: 9-9-04
CDO 000027
FCI McKean

FCI McKean

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
Sa 9/04 1000hrs		SOA: Pt Carept P: Comp HH, Dayt tissue exam, assessment, VRW-4. Pt presents w/ #9 class III mobility and localized recession @ #9. Hx of injury. Pt of #9 talon. Pt scheduled to see Dr. Collins for review of PAX. Pt presents w/ heavy calc + stain throughout. Ultrasonic 01-4 selective hand scale, polish, OHI, NEXT. Comp Exam Sehrad RDH J.L. Schroll RDH FCI McKean W. K. Collins, DDS CDO FCI McKean
09/13/04 1007hrs		S- "I was playing football in 1991 and was hit in the mouth with an elbow." Pain: 0/10 O: Well developed, WDA Pt referred by D.H. re: Mobility of #09 #09 injured in 1991 #09, +2 Mobility, (-) Night pain, (-) Pain on Chewing, (-) Sweets, (+) Hot/Cold, (-) Caries PAX: Bone loss around #09 on D. A: #09 Periodontal disease; poor root configuration (cone shaped); poor prognosis William K. Collins, D.D.S. CDO FCI McKean

iguage template provided in Spanish ___, or English

Are your currently taking any medic on? If so, what? NO	___ YES	X NO
Are you allergic to or have you had a reaction to any medication or drug? If so, what?	___ YES	X NO
Have you been under the care of a physician during the past two years? If so, why?	___ YES	X NO
Have you been hospitalized in the past two years? If so, why?	___ YES	X NO
Do you have or have you ever had a heart murmur or been treated for a heart condition?	___ YES	X NO
Have you ever been treated for a tumor, growth, or cancer?	___ YES	X NO
Have you ever had excessive or prolonged bleeding as a result of a medical condition or medication (ex. Hemophilia or blood thinners)?	___ YES	X NO
Do you have a latex allergy?	___ YES	X NO
Do you currently use tobacco products? O	___ YES	X NO
WOMEN ONLY: Are you pregnant?	___ YES	___ NO

ck any of the following that you have had:

_ Congenital heart defects	___ Arthritis	___ Epilepsy or seizures
_ Heart attack or heart problems	___ Artificial heart valve	___ Diabetes
_ Stroke	___ Hepatitis (☐A ☐B ☐C)	___ AIDS or HIV infection
_ Rheumatic fever	___ Any type of transplant	___ Emphysema
_ Mitral Valve Prolapse	___ Steroid treatment	___ Tuberculosis (TB)
_ Anemia (blood problems)	___ Sickle Cell Anemia	___ Psychiatric treatment
_ Thyroid problems	___ Angina	___ Artificial joint
_ Chronic bronchitis	___ High blood pressure	___ Radiation therapy
✓ STD (syphilis, gonorrhea, herpes)	___ Heart pacemaker	___ Asthma
_ Angio edema	___ Glucose - 6-phosphate dehydrogenase deficiency	

you have any disease, condition, or problem not listed?
ck any of the following that you have had or applies to you:

✓ Sensitive teeth	___ Unusual sounds while eating	___ Burning tongue
_ Bleeding gums	___ Snoring	___ Bad breath
_ Food impaction	___ Blisters on lips or mouth	___ Decayed teeth
_ Pain around ear	___ Clenching or grinding	✓ Loose teeth
_ Tooth ache	___ Swelling or lumps in mouth/throat	___ Wear dentures
_ Wear partial dentures		

COPY

nted Name: Demetrius Brown	Signature: Demetrius Brown
. No.: 21534-039	Institution: FCI McKean
e: 9/9/04	Updated:

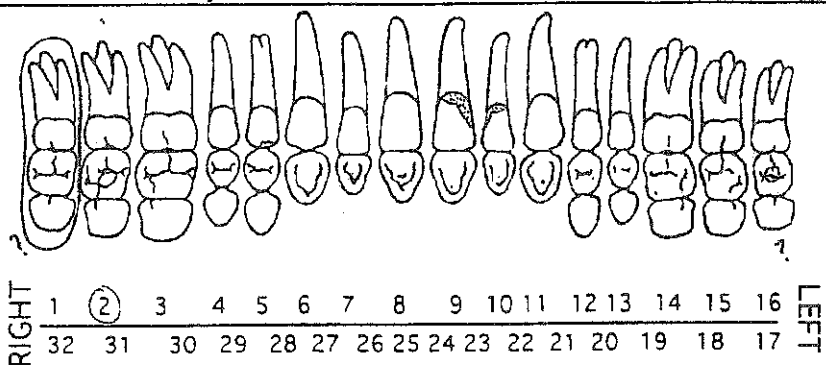
e form may be replicated via WP)

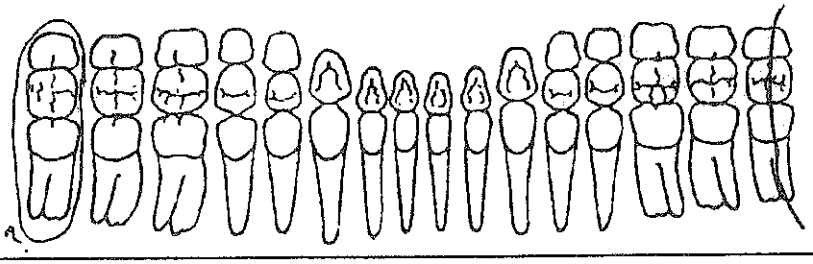
000029

BP-S618.060 **CLINICAL DENTAL RECORD** CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

Examination: ☑ Screening ☐ Comprehensive ☐ Periodic





Occlusion: Class I edge-edge #10 + #23 open bite #7 + #27

Oral Hygiene: Good (Fair) Poor

CPITN: 2 | 2 | 2 / 2 | 2 | 2

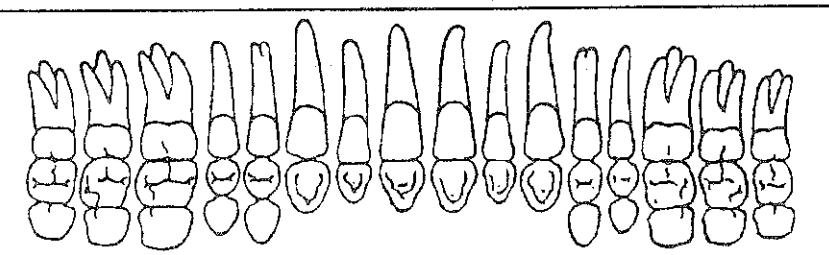
Head & Neck/Soft Tissue: STOOL

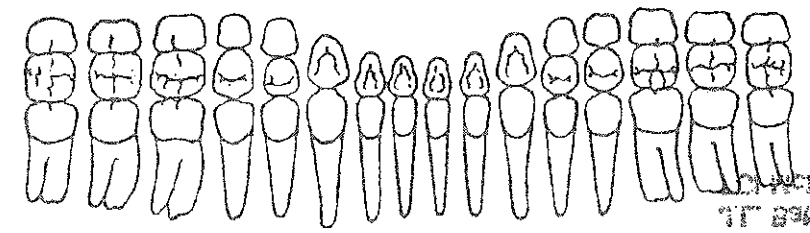
Additional Findings: scars: above (L) eye, beside (R) eye, below (R) ear, on bridge of nose

D: 1
M: 0
F: 2

TBA: #3, #4, #5, #8, #12, #13, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31

Treatment Completed





Recommended Treatment Plan

☑ Radiographs

☑ Dental Prophylaxis
☑ Oral Hygiene Instruction

☐ Periodontal Evaluation 0 I II III

☐ Oral Surgical Procedures

☐ Endodontic

☑ Restorative
#2 O

☐ Prosthodontic Evaluation

Patient Name: Brown, Demetrius Number: 21534-039 Sex: (M) F Age: 31 2/08/72

Dentist Signature: W. K. Collins Date: 6/25/03

W. K. Collins, DDS
CDO
FCI McKean

000030

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
6/25/03		A&O Exam, Health History reviewed. Sick call and call-out procedures explained.
1020 hrs		J.L. Batista, RDH FCI McKean / W. K. Collins, DDS CDO FCI McKean

FEDERAL BUREAU OF PRISONS
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication? yes (no)
   If so, what? _____

2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? yes (no)
   _____

3. Have you been under the care of a physician during the past two years? If so, why? _____ yes (no)

4. Have you been hospitalized in the past two years? If so, why? _____ yes (no)

5. Do you have or have you ever had a heart murmur or been treated for a heart condition? yes (no)

6. Do your ankles ever swell during the day? yes (no)

7. Have you ever been treated for a tumor or growth? yes (no)

8. Have you ever had abnormal bleeding? yes (no)

9. Have you ever had serious difficulty with any dental treatment? yes (no)

10. Have you ever had clicking, popping, or pain in your jaw joint? Rt side (yes) no

Circle any of the following that you have had: COPY

Congenital heart defects	Heart murmur
Heart attack or heart problems	Angina
Stroke	High Blood pressure
Rheumatic Fever	Heart pacemaker
Asthma	Epilepsy or seizures
Anemia (blood problems)	Diabetes
Thyroid problems	AIDS or HIV infection
Chronic bronchitis	Emphysema
Venereal disease (syphilis, gonorrhea)	Tuberculosis (TB)
Arthritis	Psychiatric treatment
Artificial heart valve	Artificial joint
Hepatitis	

Do you currently use tobacco (cigarettes, chewing tobacco, snuff)? yes (no)

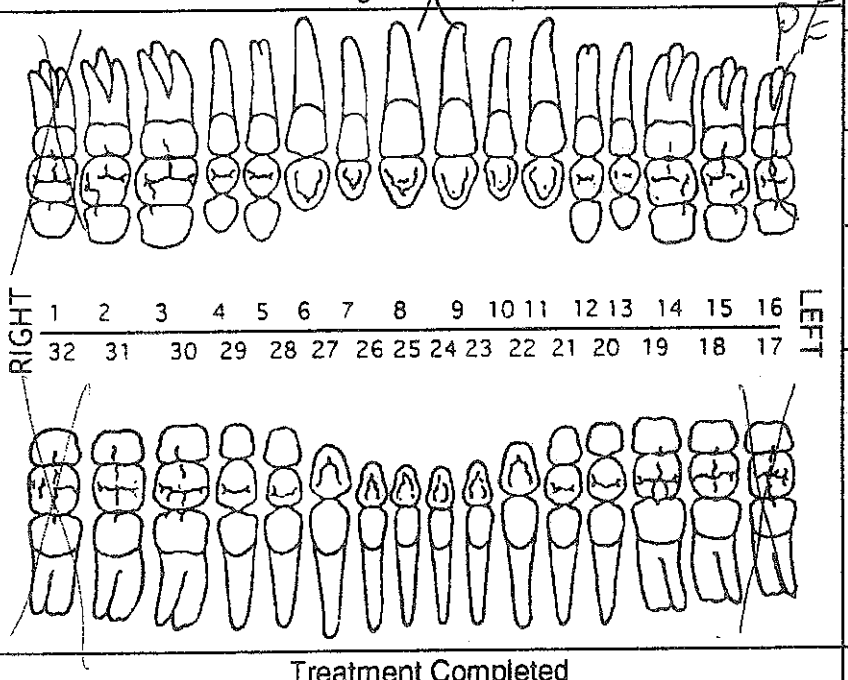
Do you have any disease, condition, or problem not listed?
WOMEN ONLY: Are you pregnant? No

Name: Demetrius Brown Reg No. 21534-039

Institution: FCI McKean Date: 6/25/03

BP-S618.060 **CLINICAL DENTAL RECORD** CDFRM
AUG 96
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

Examination: ☐ Screening ☐ Comprehensive ☐ Periodic



Occlusion WNL

Oral Hygiene
(Good) Fair Poor

CPITN

0	1	1
0	2	2

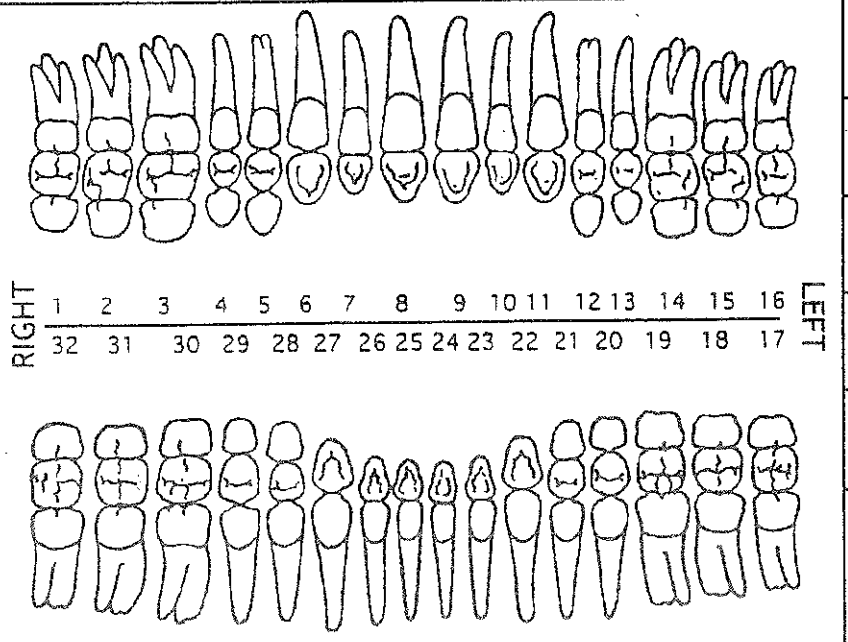
Head & Neck/Soft Tissue
STWNL

Additional Findings

D: 0
M: 3
F: 0

COPY

Treatment Completed



Recommended Treatment Plan

☐ Radiographs BWS 12-1-97
☐ Dental Prophylaxis 12-1-97
☐ Oral Hygiene Instruction
☐ Periodontal Evaluation 0 I (II) III 12-2-97
☐ Oral Surgical Procedures
☐ Endodontic
☐ Restorative
☐ Prosthodontic Evaluation

Patient Name Number Sex: (M) F Age: 25

Brown, Demetrius
21534-039
FCI McKean

Dentist Signature Date
[signature] 12-1-97

000033

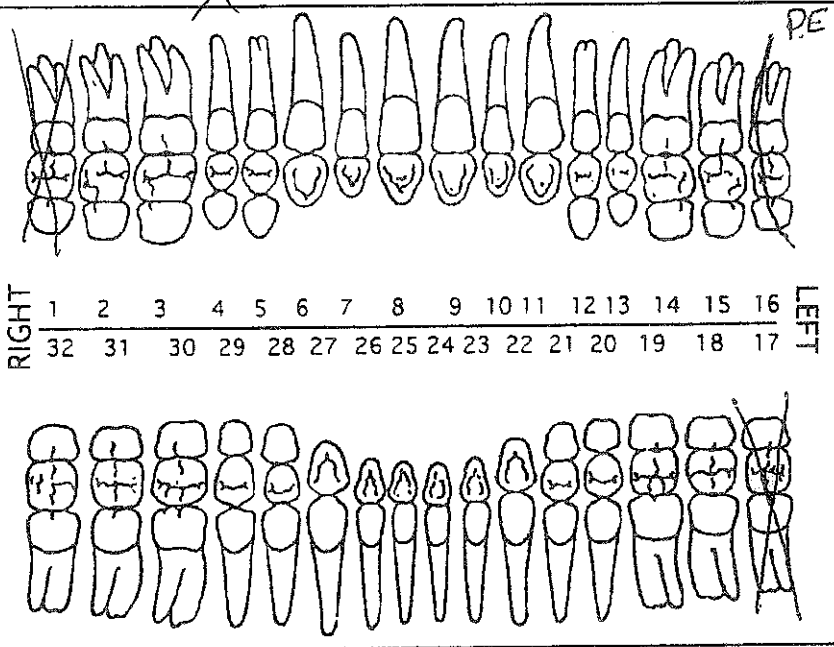
Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
1330 12-1-97		Comp. Ex Am, OHI, ML-Hx-Rev., BWS, Prophy, TX. Complete, TX. plan rev'd, pt understood inst.
		[signature]

BP-S618.060 CLINICAL DENTAL RECORD CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

Examination: ☒ Screening ☐ Comprehensive ☐ Periodic



Occlusion: WNL

Oral Hygiene: (Good) Fair Poor

CPITN: 1 | 1 | 1 / 1 | 2 | 1

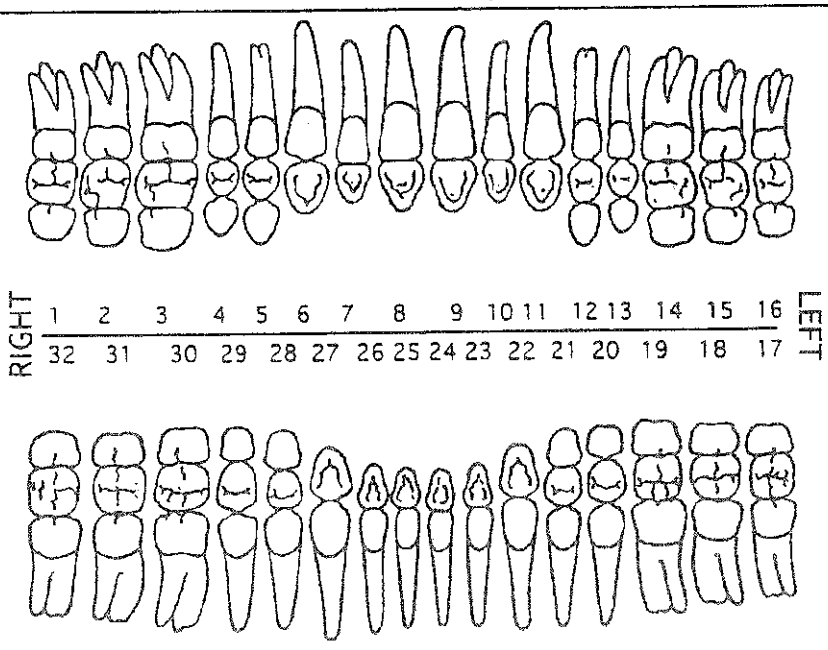
Head & Neck/Soft Tissue: STWNL

Additional Findings

D: Ø
P.N.
M: Ø 2
F: Ø

COPY

Treatment Completed



Recommended Treatment Plan

☒ Radiographs: BWS

☒ Dental Prophylaxis
☒ Oral Hygiene Instruction

☒ Periodontal Evaluation 0 I (II) III
7-16-97

☐ Oral Surgical Procedures

☐ Endodontic

☐ Restorative

☐ Prosthodontic Evaluation

Patient Name: Brown, Demetrius
Number: 21534-039
Sex: (M) F
Age: 25
FCI McKean

Dentist Signature: [signature]
Date: 7-16-97

000035

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
7-16-97 0815		A & O E X Am, OHI, HL. Hx. rev., S. C and
		R. C. rev. - Pt understood inst
		David Harris DDS
		DAVID HARRIS, D.D.S.
		CHIEF DENTAL OFFICER

P.S. 6000.05
September 15, 1996
Attachment IV-E, Page 1

FEDERAL BUREAU OF PRISONS
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication? yes (no)
   If so, what? _____

2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? yes (no)
   _____

3. Have you been under the care of a physician during the past two years? If so, why? _____ yes (no)

4. Have you been hospitalized in the past two years? If so, why? _____ yes (no)

5. Do you have or have you ever had a heart murmur or been treated for a heart condition? yes (no)

6. Do your ankles ever swell during the day? yes (no)

7. Have you ever been treated for a tumor or growth? yes (no)

8. Have you ever had abnormal bleeding? yes (no)

9. Have you ever had serious difficulty with any dental treatment? yes (no)

10. Have you ever had clicking, popping, or pain in your jaw joint? yes (no)

Reviewed

Circle any of the following that you have had:

Congenital heart defects	Heart murmur
Heart attack or heart problems	Angina
Stroke	High Blood pressure
Rheumatic Fever	Heart pacemaker
Asthma	Epilepsy or seizures
Anemia (blood problems)	Diabetes
Thyroid problems	AIDS or HIV infection
Chronic bronchitis	Emphysema
Venereal disease (syphilis, gonorrhea)	Tuberculosis (TB)
Arthritis	Psychiatric treatment
Artificial heart valve	Artificial joint
Hepatitis	

Do you currently use tobacco (cigarettes, chewing tobacco, snuff)? yes (no)

Do you have any disease, condition, or problem not listed?
WOMEN ONLY: Are you pregnant?

000037

Name: [illegible] Reg No. 31534-039

CLINICAL RECORD | LABORATORY REPORTS

COPY

Brown, Demetrius
21534-039

FCI MCKEAN HEALTH SVC.
97 JUL 16 AM 9:38

FCI MCKEAN
P.O. BOX 5000
BRADFORD, PA 16701

FCI MCKEAN HEALTH SVC
97 JUL 18 PM 3:03

SEROLOGY

URGENCY: ROUTINE ☐ TODAY ☑ STAT ☐
PATIENT STATUS: BED ☐ AMB ☐ OUTPATIENT ☑ NP ☐ DOM ☐
SPECIMEN SOURCE: BLOOD ☑ OTHER (Specify)

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO. 16701

REQUESTING PHYSICIAN'S SIGNATURE: D. Olsen
REPORTED BY: S Czekai (TECH) MD
DATE: 7/18/97
LAB. ID. NO.

S. CZEKAI, MED. TECH.

Enter REQU
REMA.

TESTS	SPECIMEN TAKEN DATE	RESULTS	RPR	VDRL QUAL	VDRL QUANT	FTA ABS	TPHA	RHEUMATOID FACTOR	ANTI-NUCLEAR FACTOR (ANF)	COLD AGG.	ASO	CRP	SERUM COMPLEMENT	FEBRILE AGG.	HAI	THYROGLOBULIN ANTIBODY	THYROID MICROSOMAL ANTIBODY
	7/16/97		NR														
	7/16/97	Yellow Hemad	Neg	Neg	Neg	Neg	7.5						Neg	Neg			

D. OLSEN, M.D.
CLINICAL DIRECTOR

BRADFORD, PA 16701

SEROLOGY

Standards Approved by National Committee on Clinical Laboratory Standards

Baxter

Sysmex

Baxter Healthcare Corporation

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. 21534-039

WARD NO.

LABORATORY REPORTS
Standard Form 514

Prescribed by GSA/ICMR

000038

COPY

SPECIMEN/LAB RPT NO

Brown, Demetrius
21534-039

URINALYSIS

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

PATIENT STATUS: ☐ BED ☐ AMB ☑ OUTPATIENT ☐ DOM

SPECIMEN SOURCE: ☑ ROUTINE ☐ OTHER (Specify)

PATIENTS MED. RECORD

FCI MCKEAN HEALTH SVC.
97 JUL 16 AM 9:38

FCI MCKEAN
P.O. BOX 5000
BRADFORD, PA 16701

FCI MCKEAN HEALTH SVC.
97 JUL 16 PM 12:37

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: D. Olson MD

REPORTED BY: S Czekai TECH

DATE: 7/16/97

LAB. ID NO.

REMARKS

S. CZEKAI, MED. TECH.

SPECIMEN TAKEN – DATE	7/16/97
TIME	905 A.M.
REQUESTED (X)	
ROUTINE	
COLOR	Yellow/Clear
SPECIFIC GRAVITY	1.015
UROBILINOGEN	Normal
OCCULT BLOOD	Neg
BILE	Neg
KETONES	Neg
GLUCOSE	Neg
PROTEIN	Neg
pH	7.5
MICROSCOPIC	
WBC	
RBC	
EPITH CELLS	
CASTS – WBC	[illegible]
CASTS – RBC	[illegible]
CASTS – HYALINE	
CASTS – GRANULAR	
BACTERIA	
CRYSTALS	
MUCUS	Neg
NITRITE	Neg
[illegible]	[illegible]
BENCE-JONES PROTEIN	
HEMOSIDERIN	
HCG	

URINALYSIS
Standard Form 550 (Rev. 4-77)
General Services Administration and Interagency Committee on Medical Records, FIRMR (41 CFR) 201-45.505
550-107

BRADFORD, PA 16701

Sysmex

Baxter

Baxter Healthcare Corporation
Scientific Products Division
McGaw Park, IL 60085-6787 USA Rev 9/87

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. 21534-039

WARD NO.

LABORATORY REPORTS
Standard Form 514
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
October 1975 514-108
GPO : 1996 O - 169-817

000039

COPY

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

MARGIN

DIFF ALL

Sample No. | Date

7/16/97

7/16/97

S. CZEKAI, MED. TECH.

Brown, Demetrius
21534-039
FCI MCKEAN REALTH SVC.
97 JUL 16 AM 11:22

7/14/97

D. OLSON

FCI MCKEAN
P.O. BOX 5000
BRADFORD, PA 16701

Baxter

Baxter Healthcare Corporation

SYSMEX

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. 21534-039

WARD NO.

LABORATORY REPORTS
Standard Form 514
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
October 1975 514-108

000040 : 1996 O - 169-817

PATIENT IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

Brown Demetrius

2-8-72

AGE 25 SEX M SSN (Sponsor) 21534-039

EXAMINATION REQUESTED *(Use SF 519-B for multiple exams)*

CXR

REQUESTED BY HUBER

TELEPHONE NO.

LOCATION OF MEDICAL RECORDS

FILM NO.

DATE REQUESTED

PREGNANT ☐ YES ☐ NO

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

T.B. SCREENING

DATE OF EXAMINATION *(Month, day, year)* 6/15/97

DATE OF REPORT *(Month, day, year)*

DATE OF TRANSCRIPTION *(Month, day, year)*

RADIOLOGIC REPORT

MATT THOMPSON, RT
FEDERAL TRANSFER CENTER, OKC

COPY

SIGNATURE

LOCATION OF RADIOLOGIC FACILITY

1 – MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

*U.S. GOVERNMENT PRINTING OFFICE: 1996-414-367

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

THANK YOU FOR REFERRING THIS PATIENT

000041

F10009850

DR.

HILLCREST HEALTH CENTER
2129 S.W. 59th
Oklahoma City, Oklahoma 73119
(405) 680-2181
X-RAY REPORT

FEDERAL TRANSFER CENTER

XR. NO. 21534-039

STATUS

NAME BROWN, DEMETRIUS

AGE 25 M

ADDRESS:

DATE 06/19/97

ADMIT#:

DIAGNOSIS:

SSN#: - -

PHYSICIAN LAWRENCE HUBER, D.O.

REPORT:

CHEST: This survey demonstrates the pulmonary and cardiovascular structures to be within normal limits. Thoracic cage is symmetrical bilaterally, and free of gross pathology.

COPY

IMPRESSION: Unremarkable chest survey.

L.E. Barbero 6/21/97

THANK YOU FOR REFERRING THIS PATIENT

000042

F10009850

06/20/97 08:16

DR. T.H. MOLSKNESS, D.O. RADIOLOGIST 721

Pharmacy Services

1 McKEAN, PA 16701 814-362-8900

400056853 Dr. D. OLSON 07/14/97

OWN, DEMETRIUS D. 21534-039

PLY TWICE A DAY (PA MANAND1)

NAFTATE 1% TOPICAL CREAM #1

? 2 REFILLS EXPIRES 10/12/97

COPY

CI McKean
O. Box 5000
radford, PA 16701

NAME: Brown, Demetrius REG. NO.: 21534-039

000643

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution	2. Name of Injured	3. Register Number
FCI McKEAN	BROWN THOMAS	42134-061
4. Injured's Duty Assignment	**5. Housing Assignment**	**6. Date and Time of Injury**
Unicor	1B	9/19/97 1820
7. Where Did Injury Happen (*Be specific as to location*)	*Work Related?* ☐ Yes ☑ No	**8. Date and Time Reported for Treatment**
unicor		9/19/97 1830

9. Subjective: (*Injured's Statement as to How Injury Occurred*)(*Symptoms as Reported by Patient*)

Scraping a board with putty Knife & Slipt & went into my hand

Thomas Brown
Signature of Patient

10. Objective: (*Observations or Findings from Examination*)

0.5 Cm superficial wound a scratch like

X-Rays Taken _____ *Not Indicated* ✓
X-Ray Results

11. Assessment: (*Analysis of Facts Based on Subjective and Objective Data*)

Superficial wound

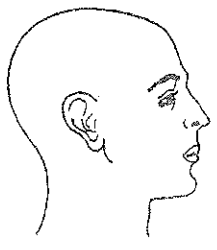
12. Plan: (*Diagnostic Procedures with Results, Treatment and Recommended Follow-up*)

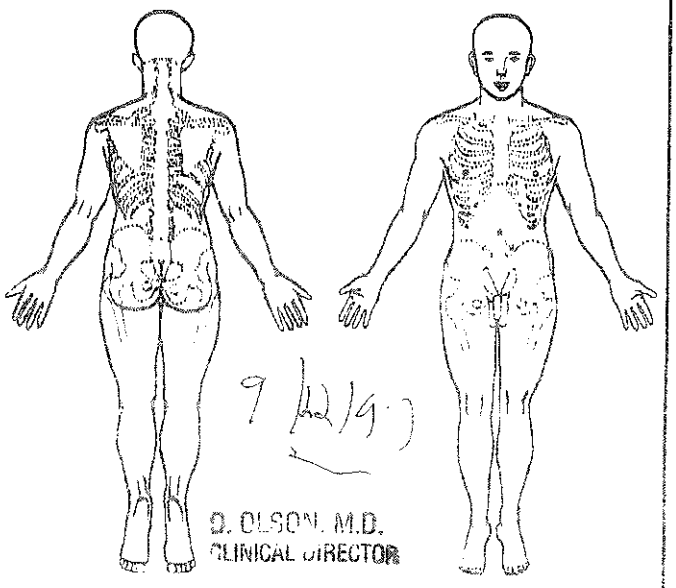
1. apply Butterfly and Band Aid after Cleaning the wound

13. This Injury Required:

☑ a. No Medical Attention
☐ b. Minor First Aid
☐ c. Hospitalization
☐ d. Other (*explain*)

☐ e. Medically Unassigned
☐ f. Civilian First Aid Only
☐ g. Civilian Referred to Community Physician





9/22/97

D. OLSON, M.D.
CLINICAL DIRECTOR

Signature of Physician or Physician Assistant

Self Carboned Form - If ballpoint pen is used, PRESS HARD

Original - Medical File
Canary - Safety
Pink - Work Supervisor (*Work related only*)

000044